



Application S.N./Registration No.: .....  
Filing Date: ..... File/Docket No. 3020/14

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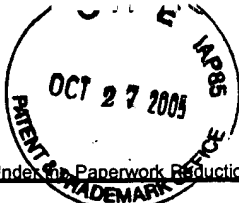
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3020/14

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10-28-05

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Approved for use through 07/31/2006. OMB 0651-0031  
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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/733121
Filing Date	12/11/2003
First Named Inventor	FRANK R. CHIAPETTA
Art Unit	1723
Examiner Name	SOOHOO, TONY GLEN
Attorney Docket Number	3020/U

**ENCLOSURES (Check all that apply)**

- |   |  |   |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify<br>below): |
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Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	CONAIR CORPORATION		
Signature			
Printed name	LAWRENCE CRUZ		
Date	OCTOBER 27, 2005	Reg. No.	36,385

**CERTIFICATE OF TRANSMISSION/MAILING**

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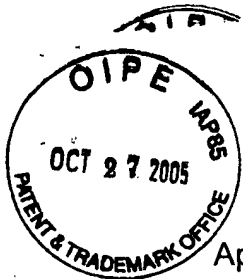
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/733,121 Confirmation No.: 7885  
Applicant : Chiapetta, Frank R.  
Filed : 12.11.2003  
TC/A.U. : 1723  
Examiner : Soohoo, Tony Glen  
Docket No. : 893.0021usu  
Customer No. ;

Commissioner for Patents  
P.O. Box 1450  
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**AMENDMENT**

Sir:

This communication is in response to the Office action mailed 07.29.2005. Please find enclosed with this communication an executed form "Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address" appointing the undersigned to represent the Applicant concerning this application.

In response to the Office action mailed 07.29.2005, please amend the above-identified application as follows:

**Amendments to the Specification** None.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Amendments to the Drawings** None.

**Remarks/ Arguments** begin on page 4 of this paper.

Amendments to the Claims:

This listing of claims will replace all prior versions and listings of claims in the application: